

CLAIMS ONLY							Application Number 10/617/217		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3	1						53					
4	1						54					
5	1						55					
6		1					56					
7		1					57					
8		1					58					
9		4					59					
10		1					60					
11		1					61					
12		4					62					
13		4					63					
14		3					64					
15	1						65					
16	1						66					
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42							92					
43							93					
44							94					
45							95					
46		1					96					
47		1					97					
48		1					98					
49							99					
50							100					
Total Indep	5						Total Indep					
Total Depend	15						Total Depend					
Total Claims	20						Total Claims					